

**NATIONAL SCIENCE FOUNDATION  
FASTSTART DIRECT DEPOSIT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to individuals/vendors/contractors financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**I. INDIVIDUAL INFORMATION**

Name:

Social Security Number:

Home Address:

**II. VENDOR/CONTRACTOR INFORMATION**

**III. BANKING INFORMATION**

Bank Name:

Bank Address:

Depositor Account Number:

Nine Digit Routing Transit Number:

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**IV. AUTHORIZATION**

I hereby certify as to the accuracy of the information contained herein, and understand that if this information is incorrect, payment could be delayed by a period of 30 to 90 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN COMPLETE FORM TO:

National Science Foundation  
Division of Financial Management  
Accounts Payable Section  
4201 Wilson Blvd., Room 575  
Arlington, Virginia 22230

FAX Number: (703) 306-0287  
Phone Number: (703) 306-1278

NSF USE ONLY: DIVISION'S ORGANIZATION EHR/DGE ORGANIZATION CODE: 11010101-7172-0400

## INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

- I. Individual Information - Complete this section if the payment is for an individual.
- II. Vendor/Contract Information - Complete this section if the payment is for a vendor/contractor organization.

3 — 4 —	<div style="text-align: right;">Date _____ 101</div> <div>PAY TO THE ORDER OF: _____ \$ _____ _____ Dollars</div> <div>NAME OF YOUR BANK</div> <div>Payable through another bank</div> <div>For _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>021001092</div><div>123 456 789</div><div>0101</div></div>	<ul style="list-style-type: none"><li>1. Routing Transit Number - Here you would put "021001082".</li><li>2. Account Number - Here you would put "123456789".</li><li>3. Financial Institution Name</li><li>4. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.</li></ul>
	<div style="display: flex; justify-content: space-around;"><div style="text-align: center;">Routing Number 1</div><div style="text-align: center;">Account Number 2</div><div style="text-align: center;">Check Number</div></div>	

- III. Banking Information - **All information is required.** For your convenience, in lieu of entering your Depositor Account Number and nine-digit Routing Transit Number, a voided personal check may be attached.
- IV. Authorization - Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

**NOTE: If any information provided on this form changes, you must submit a new NSF Form 1379.**